UNIVERSITY of WISCONSIN Superior
Registrar's Office

(715) 394-8228 (office)
(715) 394-8040 (fax)
www.uwsuper.edu/registrar
Old Main 139, P.O. Box 2000 • Superior, WI 54880

Use This Form to Change Name or Marital Status

Previous Name	Last	First	MI
New Name	Last	First	MI

Marital Status:

☐ Married Date of Marriage: _____

☐ Single Date of Divorce: _____

SID:

*SS#

Campus Address (Residence Hall Students Only)	Street Address	Telephone Number:	
	City	State	Zip Code
Mailing Address (Used for mailing during terms)	Street Address	Telephone number:	
	City	State	Zip Code
Permanent Address (Used for mailing between terms)	Street Address	Telephone Number	
	City	State	Zip Code

Email Address:

**Social Security Number is voluntary and only used to verify records of change requestor.*

x _____ _____

Student Signature *Date*

Attach one photo copy of support documentation (mandatory):

- ☐ **Marriage License**
- ☐ **Driver's License**
- ☐ **Legal Papers**

Processed By: _____

Date: _____